

QUESTIONNAIRE CODES

1. Interview Location (ILOC):

CARECEN = 1

AHSDC = 2

BURRE = 3

NAHC = 2

2. Interview conducted in language (ILANG):

English = 1

Spanish = 2

Cantonese = 3

Mandarin = 4

Other = 5

English/ Spanish = 6

English/ Cantonese = 7

English/ Mandarin = 8

3. Gender of study child (GENDER):

Male = 1

Female = 2

Prefer not to answer = 77

4. Ethnic group (ETHG):

Caucasian = 1

Asian = 2

African = 3

Latino = 4

Other = 5

Caucasian/ Asian = 6

Don't Know = 0

Prefer not to answer = 77

5. Child's race (RACE):

White = 1

Black/African American = 2

American Indian = 3

Alaska Native = 4

Native Hawaiian = 5

Other Pacific Islander = 6

Guamanian = 6a

Samoan = 6b

Other (specify) = 6c

Asian = 7

Asian Indian = 7a

Chinese = 7b
Filipino = 7c
Japanese = 7d
Korean = 7e
Vietnamese = 7f
Other Asian = 7g
Other = 8
Don't Know = 0
Prefer not to answer = 77

6. Relationship with child (RWC):

Mother = 1
Father = 2
Grandmother = 3
Grandfather = 4
Aunt = 5
Uncle = 6
Cousin = 10
Sister = 7
Brother = 8
Guardian = 9
Other = 10 (includes cousins)
Stepmother = 11
Stepfather = 12
Prefer no to answer = 77

7. Birth order of the study child (CBRO):

First born = 1
Second born = 2
Third born = 3
Fourth born = 4
Fifth born = 5
Sixth born = 6
Other = 7
Don't know = 0
Prefer not to answer = 77
Missing = 99

8. Country of child's birth (CCBR):

USA = 1
Outside USA *

China = 2
Korea = 3
Philippines = 4
Japan = 5

Thailand = 6
Vietnam = 7
Laos = 8
Cambodia = 9
Tibet = 10
Mongolia = 11
Mexico = 12
Guatemala = 13
El Salvador = 14
Belize = 15
Honduras = 16
Nicaragua = 17
Costa Rica = 18
Panama = 19
Colombia = 20
Venezuela = 21
Peru = 22
Ecuador = 23
Argentina = 24
Brazil = 25
Bolivia = 26
Chile = 27
Uruguay = 28
Paraguay = 29
Trinidad and Tobago = 30
Other, specify = 31

9. Date of Birth of Child (CA):

Don't know = 0

Prefer not to answer = 77

10. School Grades (SG):

No formal education = 9

Kindergarten = 10

1 Grade = 1

2 Grade = 2

3 Grade = 3

4 Grade = 4

5 Grade = 5

6 Grade = 6

7 Grade = 7

8 Grade = 8

Don't know = 0

Prefer not to answer = 77

11. Language the Child Speaks (LANGC):

English = 1
Spanish = 2
Cantonese = 3
Mandarin = 4
Vietnamese = 5
Korean = 6
Chiuchow = 7
Khmer (Cambodian) = 8
Mien = 9
Mongolian = 10
Tagalog = 11
Laotian = 12
Thai = 13
Other = 14
English/ Spanish = 15
English/ Cantonese = 16
Cantonese/ Mandarin = 17
English/ Tagalog = 18
English/ Mongolian = 19
English/ Karen = 20
English/ mandarin = 21
English/ Hmong = 22

12. New or Old Patient (NOP)

Old patient = 1
New Patient = 2

13. Health of child's teeth and gums (HCTG):

Excellent = 1
Very good = 2
Good = 3
Fair = 4
Poor = 5
Don't know = 0
Prefer not to answer = 7

14. Does your child visit the dentist at least once a year? (VDOY)

Yes = 1
No = 2
Don't know = 0

15. Does your child take any medications that make their mouth abnormally dry?
(MMAD)

Yes = 1

No = 2
Don't know = 0

16. Does your child take medicine that is in a sweet syrup form? (MSSF)

Yes = 1
No = 2
Don't know = 0

17. Has your child had braces or treatment to straighten their teeth? CBST)

Yes = 1
No = 2
Don't know = 0

18. Child's health in general (CHG):

Excellent = 1
Very good= 2
Good = 3
Fair = 4
Poor = 5
Don't know = 0
Prefer not to answer = 77

15. Reason child do not want to go to dentist (CNOD):

	No	Yes	Don't know	Skipped	Prefer not to answer	Missing
a. Fear, Apprehension, nervousness, pain, dislike going	1	2	0	98	77	99
b. Cost	1	2	0	98	77	99
c. Do not have/know a dentist	1	2	0	98	77	99
d. Cannot get to the office/clinic- too far away	1	2	0	98	77	99
e. Cannot get to the office/clinic – no transportation	1	2	0	98	77	99
f. Inconvenient times, no appointments available, or too long waiting period	1	2	0	98	77	99
g. No reason to go (no problems, no teeth)	1	2	0	98	77	99
h. Other Priorities	1	2	0	98	77	99
i. Have not thought of it	1	2	0	98	77	99
j. No insurance	1	2	0	98	77	99
k. Health Plan Problem	1	2	0	98	77	99
l.Can't find dentist who accepts Child's insurance	1	2	0	98	77	99

m. Other, please specify: _____	1	2	0	98	77	99
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16. Any insurance that pays for all or part of child's dental care (INSR):

Yes = 1

No = 2

Prefer not to answer = 77

Don't Know = 0

17. Type of insurance (TINSR):

	No	Yes	Don't Know	Missing
a. Medicaid –Dental care through Medi-cal	1	2	0	99
b. SCHIP (e.g. Healthy families for CA)	1	2	0	99
c. Indian Health Service	1	2	0	99
d. Private Insurance such as Blue Cross, Blue Shield, Delta Dental, etc	1	2	0	99
e. Other- such as healthy kids; please specify	1	2	0	99

18. Has your child ever had his/her teeth checked (CTDC):

Yes = 1

No = 2

Prefer not to answer = 77

Don't know (answer questions from 18-21 and then skip to question 36) = 0

19. Child seen at a hospital emergency room because of cavity (ERV):

Yes = 1

No (skip to question 20) = 2

Don't Know (skip to question 20) = 0

20. How many times during the past year has your child been in the hospital emergency room (VTH):

_____ Number (1-75)

Don't know = 0

Skipped = 98

Missing = 99

21. Did your child receive care in hospital operating room (VTHOR):

Yes = 1

No (skip to question 22) = 2

Don't know (skip to question 22) = 0
Missing = 99

22. How many times has your child been treated in the hospital operating room (THOR):

_____ Number (1 to 52)

Don't know = 0

Skipped = 98

Missing = 99

23. How old was your child when he/she first saw someone for dental care (CADC):

Less than 1 year old = 4

1 year old = 1

2 years old = 2

3 years old = 3

4 years old = 4

5 years old = 5

6 years old = 6

Older than 6 = 7

Less than 1 year old = 8

Don't know = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

24. Has your child had fluoride varnish on his/her teeth (CFV):

Yes = 1

No (skip to question 25) = 2

Don't know (skip to question 25) = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

25. How many times has your child had fluoride put on his/her teeth (FVA):

_____ Number (1 to 52)

Prefer not to answer = 77

Skipped = 98

Missing = 99

26. Has your child been to the dentist for a routine checkup or cleaning (CRCUC):

Yes = 1

No = 2

Don't know = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

27. Did your child see a dentist for a cavity or toothache (SEEDC):

Yes = 1

No (skip to question 31) = 2

Don't know (skip to question 31) = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

28. Did your child receive dental care for cavity within the past year (RCDC):

Yes = 1

No (skip to question 31) = 2

Don't know (skip to question 31) = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

29. How many times during the past year did your child go to the dental office or clinic because of cavity or toothache (TCDC):

_____ Number (1 to 52) = 1

Don't know = 0

Skipped = 98

Missing = 99

30. Was your child's tooth pulled due to cavity or toothache (CTR):

Yes, due to decay = 1

No (skip to question 31) = 2

Don't know (skip to question 31) = 0

Prefer not to answer (skip to question 31) = 77

Skipped = 98

Missing = 99

31. Number of teeth pulled from child (NTR):

_____ Number (Valid range: integer values 1 to 20)

None = 1

Don't know = 0

Skipped = 98

Missing = 99

32. Were their injuries to child's tooth (INJT):

Yes = 1

No = 2

If yes, please specify (include if tooth was lost): _____

33. Transportation used from your home to your child's dentist (THD):

Drive = 1

Am driven = 2
Bus, train, other public transport = 3
Taxi = 4
Walk = 5
None = 6
Don't know = 0
Prefer not to answer = 77
Skipped = 98

34. Time to travel to the dental office (TDO):

0-15 minutes = 1
16-30 minutes = 2
31-60 minutes = 3
61-90 minutes (more than 1 hour to 1.5 hours) = 4
91-120 minutes (more than 1.5 hours to 2 hours) = 5
More than 120 minutes (more than 2 hours) = 6
Don't know = 0
Prefer not to answer = 77
Skipped = 98

35. Total time of dental visit (TAL):

0-15 minutes = 1
16-30 minutes = 2
31-60 minutes = 3
61-90 minutes (more than 1 hour to 1.5 hours) = 4
91-120 minutes (more than 1.5 hours to 2 hours) = 5
More than 120 minutes (more than 2 hours) = 6
Don't know = 0
Prefer not to answer = 77
Skipped = 98

36. Number times child missed school to go to dentist (TMS):

_____ Number of times (Valid range: integer value 0-52)
Not applicable = 97
Don't know = 0
Prefer not to answer = 77

37. Times parent checked child's gum and teeth (TCG):

_____ Times (0-200)

38. How often are you child's teeth brushed (OCTB):

Never (skip to question 40) = 1
Sometimes, but not everyday = 2
Once a day = 3
Twice a day = 4
More than twice a day = 5

Don't know = 0

Prefer not to answer = 77

39. Is fluoride paste used for your child during brushing (BFT):

Yes = 1

No = 2

Don't know = 0

Prefer not to answer = 77

40. Number of times child brushes teeth before sleep (TBFS):

0 times (never) = 1

1-3 times = 2

4-6 times = 3

7 times (every day) = 4

Don't know = 0

Prefer not to answer = 77

41. Number of times your child eats or drinks before going to bed (TDBB):

0 times (never) = 1

1-3 times = 2

4-6 times = 3

Don't know = 4

Prefer not to answer = 5

42. Eat sweet or sugary foods (EATSF):

Rarely or never = 1

At least once a week, but not everyday = 2

Once a day = 3

Twice a day = 4

Three times a day = 5

Four times a day = 6

Five or more times a day = 7

Don't know = 0

Prefer not to answer = 77

43. Drink sweet or sugary drinks (DSD)

Rarely or never = 1

At least once a week, but not everyday = 2

Once a day = 3

Twice a day = 4

Three times a day = 5

Four times a day = 6

Five or more times a day = 7

Don't know = 0

Prefer not to answer = 77

44. Does your child currently take fluoride tablets or drops (FLTB):

Yes = 1

No = 2

Don't know = 3

Prefer not to answer = 77

Missing= 99

45. Parent's health of gums and teeth (PHGT):

Excellent = 1

Very good= 2

Good = 3

Fair = 4

Poor = 5

Don't know = 0

Prefer not to answer = 77

46. Parent health in general health (PHG):

Excellent = 1

Very good= 2

Good = 3

Fair = 4

Poor = 5

Don't know = 0

Prefer not to answer = 77

47. Help in reading instructions (HRI)

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

Don't know = 0

Prefer not to answer = 77

48. Number of years since last dental visit (YLD):

Within the past year (1-12 months ago) = 1

More than 1 year but less than 2 years ago = 2

More than 2 years but less than 5 years ago = 3

5 or more years ago = 4

Never seen a dentist = 5

Don't know = 0

Prefer not to answer = 77

49. Occurrence of parent brushing their teeth (HOTB):

Never =1

Sometimes, but not everyday = 2

Once a day = 3
Twice a day = 4
More than twice a day = 5

50. Languages spoken of parent (SPL):

English = 1
Spanish = 2
Cantonese = 3
Mandarin = 4
Vietnamese = 5
Korean = 6
Chiuchow = 7
Khmer (Cambodian) = 8
Mien = 9
Mongolian = 10
Tagalog = 11
Laotian = 12
Thai = 13
Other = 14
English/ Spanish = 15
English/ Mongolian = 16
English/ Cantonese = 17
Cantonese/ Mandarin = 18
English/ Tagalog = 19
English/ Mongolian = 20
English/ Cantonese/ Mandarin = 21
English/ Karen = 22
Sign/ English = 23
English Laotian = 24
English/ Hmong = 25
English/ Choctan = 26
English/ French = 27

51. Parent age in years (PA)

_____ Years
Don't know = 0
Prefer not to answer = 77

52. Parent School Grade (PSG)

No Formal Education = 14
Kindergarten = 15
1stGrade = 1
2ndGrade = 2
3rdGrade = 3
4thGrade = 4
5thGrade = 5

6thGrade = 6
7thGrade = 7
8thGrade = 8
9thGrade = 9
10thGrade = 10
11thGrade = 11
12thGrade = 12
GED = 13
Some vocational/technical school = 16
Vocational/technical certificate = 17
Some college (no degree) = 18
College degree = 19
Graduate or advanced degree = 20
Don't know = 0
Prefer not to answer = 77

53. Employment Status (ES):

Employed 32 hours or more per week = 1
Employed less than 32 hours per week = 2
Full time student = 3
Part time student = 4
Homemaker = 5
Disabled = 6
On medical leave = 7
Retired = 8
Unemployed = 9
Prefer not to answer = 77

54. Family members living in household (FAM)

Please respond with integers (for example: 2, 3, 4, etc.)

_____ # of members

Prefer not to answer = 77

55. How many years have you lived in your current residence (YLCR):

_____ Amount of time (0 to 90 years)

Don't know = 0

Less than one year = 93

56. Combined income of family (CIFF):

Yes = 1

No = 2

Prefer not to know = 3

Don't know = 0

57. Missed work to take your child for dental care (PMW)

_____ Number of times (Valid range: integer value 0-52)

Not applicable = 97

Don't know = 0

Prefer not to answer = 77

58. Learn about this study (LSTU):

CARECEN = 1

NAHC = 2

AHC = 3

Comprehensive Health Center = 4

Head Start/Early Head Start Program = 5

Referred by dentist = 6

Friend or relative told me about it = 7

Advertisement = 8

Referred by doctor = 9

Daycare = 10

BURRE = 11

Other = 14

Missing = 99

CLINICAL EVALUATION CODES. (Baseline, 6 and 12 month follow up)

59. Treatment (TREAT):

ART = 1

Amalgam = 2

60. Tooth No. (International tooth numbering system) (TOTNO):

54 = 1-A

55 = 2-B

64 = 3-I

65 = 4-J

74 = 5-K

75 = 6-L

84 = 7-S

85 = 8-T

61. Type of Jaw (TYOJ):

Maxilla = 1

Mandible = 2

62. Tooth Lesion Depth (TLD):

Middle third dentin = 1

Inner third dentin = 2

Outer third dentin = 3

64. Restoration Type (RESTT):

Occlusal = 1

Mesio-occlusal = 2

Disto-occlusal = 3

Mesial = 4

Distal = 5

Mesio-occlusal-distal = 6

Occlusal-lingual = 7

Occlusal- buccal = 8

Buccal= 9

Occlusal-lingual-distal = 10

Mesio-occlusal- Buccal = 11

65. Sensitivity Experience (SENSE) (Wong- Baker Faces):

Face 0 = 1

Face 1 = 2

Face 2 = 3

Face 3 = 4

Face 4 = 5

Face 5 = 6

66. Radiograph (RX):

Yes = 1

No = 2

67. Marginal Adaptation (MARGA):

Well Adapted = 1

Gap at Marginal crevice, dentin not visible = 2

Fractured or lost restoration = 3

68. Anatomical Form (ANATF):

Continuous restoration with existing tooth anatomy = 1

Not continuous restoration & need replacement = 2

69. Caries at cavosurface margin (CCM):

No Caries present = 1

Caries present = 2